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CONFIRMATION NO. 3513

SERIAL NUMBER 10/802,528	FILING OR 371(c) DATE 03/17/2004 RULE	CLASS 514	GROUP ART UNIT 1647	ATTORNEY DOCKET NO. 13370/53303
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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/31/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY HUNGARY	SHEETS DRAWING 14	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

26646

TITLE

PHARMACEUTICAL COMPOSITIONS CONTAINING PLASMA PROTEIN

FILING FEE RECEIVED 1010	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
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8/19/08